



Municipalities building a  
stable insurance future.

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# Actuarial Services

for the

Greater Tompkins County Municipal Health Insurance Consortium

Issue Date: January 4, 2016

Due date: January 18, 2016

Responses shall be submitted no later than 4:30 p.m. Friday January 18, 2016, delivered via email to: [Consortium@tompkins-co.org](mailto:Consortium@tompkins-co.org)

All questions regarding the Request for Proposals shall be accepted via email no later than January 15, 2016.

## Background

The **Greater Tompkins County Municipal Health Insurance Consortium** (Consortium) is an entity of municipalities created by the Tompkins County Council of Governments (TCCOG). The mission of the Consortium is to provide high-quality, cost-stable health insurance for members and their employees and retirees.

In 2010, 13 of the County's 17 municipalities joined the Consortium and the Consortium received its Certificate of Authority from the New York State Insurance Department. Currently, the Consortium has 20 municipal participants.

The bylaws of the Consortium are outlined by a Municipal Cooperative Agreement and the Board of Directors governs the Consortium. Details are available for download at [www.Tompkins-co.org/hconsortium](http://www.Tompkins-co.org/hconsortium)

## SCOPE OF SERVICES

1.00 Provide an evaluation of the actuarial soundness of the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC).

1.01 Prepare a certified opinion statement of the Consortium's claim relating to loss reserves, provision for experience rating refunds, and any other actuarial items, as per the attached **Exhibit 1**.

1.02 Contractor; must sign and submit Anti-Discrimination and Non-collusion Clause Exhibit 2; provide insurance certificate meeting limits shown in Exhibit 3; and must follow HIPAA guidelines and be willing to sign Business Associate Agreement with the GTCMHIC

1.03 Describe the forecasting methodology to be used to complete the tasks. Justify the chosen actuarial methods to be used in written narrative form.

1.04 Perform the service of providing a complete OPEB Liability Study and Actuarial Valuation compliant with GASB Statement #45 as of December 31, 201X, for each municipal participant requesting this service and required to file this report. We expect up to four separate municipalities to need this service. This will include an examination of the assumptions and methods used in determining the liabilities and cost associated with the actuarial valuation of the postretirement benefit plan in accordance with the GASB #45 standard. Please see Exhibit 4

### **Instructions to Proposers:**

2.01 The GTCMHIC will receive proposals for actuarial services up until the date and time specified in the RFP Schedule.

**Proposals must be submitted via e-mail to: [consortium@tompkins-co.org](mailto:consortium@tompkins-co.org).** All proposals must be received prior to the opening date and time specified in the RFP.

All responses shall be submitted within one pdf document; do not submit an email with several attachments.

The proposal shall be signed by a representative who is authorized to contractually bind the Contractor.

**Requirements of the Proposal:**

2.02 All proposals shall be submitted as specified on the proposal pages included in the RFP document. Any attachments must be clearly identified. To be considered, the proposal must respond to all parts of the RFP.

2.03 Any other information thought to be relevant, but not applicable to the enumerated categories, should be provided as an appendix to the proposal. If publications are supplied by a proposer to respond to a requirement, the response should include reference to the document number and page number. This will provide a quick reference for the evaluators. Proposals not providing this reference will be considered to have no reference material included in the additional documents.

**Proposals shall include:**

- A. Actuary Qualifications & Experience:
  - a. Qualifications: The NYS Department of Financial services requires that a "Qualified Actuary" is a member in good standing of the American Academy of Actuaries, or a person recognized by the American Academy of Actuaries as qualified for such actuarial valuation, or a person who otherwise has demonstrated his competency in such actuarial evaluation to the satisfaction of the commissioner.
  - b. Experience: Proposer must be an actuary. Documentation must be submitted to support experience with self-funded Health programs of New York governmental entities. The Actuarial firm's personnel assigned to this project must have first hand experience in preparing Actuarial Certification and State exhibits required by the New York State Office of Financial Services (rate sufficiency certification and the evaluation and assessment of the reserving practices) of governmental entities of similar size. Resumes should be included.
  
- B. Other relevant experience with non-governmental clients who may demonstrate the scope of services and resources available from the actuarial firm.
  
- C. Staff Qualifications: The qualifications of the person(s) who will have primary responsibility for completion of this assignment, must be included; supporting documentation for experience in accounting principles as promulgated in **Exhibit 1**.

**PROPOSAL PAGES ARE AS FOLLOWS:**

Proposal Summary Pages, including Signature Page

-Financial Proposal

-Technical Proposal

-Questionnaire    Attachments to your Proposal

## CONSIDERATION FOR AWARD/AWARD PROCEDURES

The award of the contract will be based on certain objective and subjective considerations listed below:

### **EVALUATION CRITERIA ASSIGNED POINTS**

1. Understanding of the overall needs of the GTCMHIC as presented in the narrative technical proposal. Evaluation of responses to specific points identified in Scope of work. Methodology proposed, assets committed to complete tasks, personnel assigned to project, and ability to provide the Consortium's actuarial analysis and report by **April 7, 2016**, and the municipal clients' OPEB Liability Study and Actuarial Valuation (GASB #45) by **February 28, 2016**. Points available are 0-30. 30

2. Contractor capabilities and experience. To include: qualifications of the proposer and staff to be assigned to the GTCMHIC's contract (resumes required); time in business; financial stability; experience in rate sufficiency certification; and experience in analysis of employee benefit plans. Includes client references. Points available are 0-40. 40

3. Proposed pricing schedule and estimated cost to the GTCMHIC.

Points available are 0-30. 30

### **MAXIMUM TOTAL POINTS: 100 points.**

Evaluation of proposals will be conducted by an evaluation committee of qualified GTCMHIC Staff, or other persons selected by the GTCMHIC. The committee will evaluate all responsive proposals based upon the information and references contained in the proposals as submitted. The committee will score and rank all responsive proposals, and determine a minimum of three (3), if more than three (3) proposals are responsive, to be finalists for further consideration. In the event there are less than three (3) responsive proposals, the committee will give further consideration to all responsive proposals received. The committee may determine the need to conduct oral interviews, for clarification purposes only, with the finalists and re-score and re-rank the finalists proposals. The first ranked proposer resulting from this process will be recommended to the GTCMHIC Board of Directors for award.

Information and references submitted will be considered in the award.

The GTCMHIC may require additional information and Proposers agree to furnish such information. The GTCMHIC reserves the right to award the contract to that Proposer who will best serve the interest of the GTCMHIC. The GTCMHIC reserves the right, based upon its deliberations and in its opinion, to accept or reject any or all proposals. The GTCMHIC also reserves the right to waive minor irregularities or variations to the specifications and in the bidding process.

**PROPOSAL SUMMARY PAGES - SIGNATURE PAGE**

TO: The GTCMHIC

The below signed hereby agrees to furnish the services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the RFP. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the GTCMHIC and such acceptance covers all terms, conditions, and specifications of this proposal. I have not divulged to, discussed with, or compared this proposal with any other proposer(s) and have not colluded with any other proposer(s) or parties to this RFP. I certify I am authorized to contractually bind the Proposing firm:

Proposal submitted by:

Principal Contact  
(printed): \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(Legally Registered)

Address: \_\_\_\_\_

NAME OF ACTUARY: \_\_\_\_\_

Principal Contact Name: \_\_\_\_\_ (If  
different from above firm)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in his proposal:

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of RFP, attachments or proposal pages. No variations or exceptions by the Proposer will be deemed to be part of the proposal submitted unless such variation or exception is listed and contained within the proposal documents and referenced in the

space provided below. If no statement is contained in the below space, it is hereby implied that your proposal complies with the full scope of this RFP.

Variations:

**PROPOSAL SUMMARY PAGES - FINANCIAL PROPOSAL**

**A. GTCMHIC ACTUARY DETERMINATION AND CERTIFICATION**

ITEM DETAIL COSTS: FIRM, FIXED HOURLY RATE: \$ \_\_\_\_\_

X

ESTIMATED NUMBER OF HOURS: \_\_\_\_\_ = \$ \_\_\_\_\_

ESTIMATED

ANNUAL TOTAL Expenses: Provide a detailed breakdown of all anticipated expenses, number of trips and all associated additional costs, if applicable:

Hotel: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Misc: \$ \_\_\_\_\_

Total Estimated Annual Expenses: = \$ \_\_\_\_\_ TOTAL ESTIMATED ANNUAL

COST TO THE GTCMHIC = \$ \_\_\_\_\_

**OR: GUARANTEED ANNUAL MAXIMUM COST TO THE GTCMHIC NOT TO**

**EXCEED: \$ \_\_\_\_\_ PROPOSAL SUMMARY PAGE - TECHNICAL PROPOSAL**

(Continued)

## B. GASB 45

The Client will pay the actuary for the services described herein a professional fee as follows:

Service	Fiscal Year Ending	Proposal Quote **
Full GASB 45 actuarial valuation	2015	\$
Interim fiscal year update (roll-forward)	2016	\$
Full GASB 45 actuarial valuation – <b>Renewal Option</b>	2017	\$
Interim fiscal year update (roll-forward) – <b>Renewal Option</b>	2018	\$
Full GASB 45 actuarial valuation – <b>Renewal Option</b>	2019	\$

\*\*As a requirement of the GASB Standard #45, entities with more than 200 members are required to perform a complete actuarial valuation at least biennially. However, as a requirement of the GASB Standard #45, a new valuation will need to be performed if, since the previous valuation, significant changes have occurred that affect the results of the valuation, including significant changes in benefit provisions, the size or composition of the population covered by the plan, or other factors that impact long-term assumptions.

The following issues should be fully responded to in your proposal in concise narrative form. Additional sheets should be used, but they should reference each issue and be presented in the same order.

I. Understanding of the GTCMHIC's needs for actuarial services for the GTCMHIC's self-insured Health Plans and your overall approach to those needs. Provide a copy of an actuarial analysis of a health benefit program and Actuarial Certification and State Exhibits required by New York State Office of Financial Services that your firm prepared for a public sector client with at least 2,000 employees. If proprietary information must be protected, a redacted version would be acceptable.

II. Approach and concept for the ACTUARIAL SERVICES:

III. How many calendar days from final execution of the contract would you need prior to the initial meeting with the GTCMHIC?

\_\_\_\_\_ Days

How many calendar days would you estimate that you would need after the initial meeting with the GTCMHIC until you would have your preliminary outline available for GTCMHIC review?

\_\_\_\_\_ Days

IV. Prior Experience: Number of years of experience the proposing firm has had in providing similar services.

Years:

\_\_\_\_\_  
\_\_\_\_\_

Persons: List below the persons who will have a management or senior position working with the GTCMHIC, if you are awarded the contract. List name, title or position, and project duties. A resume or summary of experience and qualifications must accompany your proposal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. List all government agency clients for whom you have provided similar services in the last three years. Provide agency name, address, telephone number, contact person, and date service was provided. If services provided differs from the one presented in your proposal, please delineate such differences

VI. List other non-government client references for whom you have performed these services within the past three (3) years:

VII. List those GTCMHIC agencies with which the proposer has had contracts or agreements during the past three (3) years:

VIII. Lawsuits (any) pending or completed involving the corporation, partnership or individuals with more than ten percent (10%) interest:

a. List all pending lawsuits, which are concerned directly with the staff or part of your organization proposed for the contract:

b. List all judgments from lawsuits in the last 5 years, which are concerned directly with the staff or part of your organization proposed for the contract.

The proposer understands that the information contained in these Proposal Pages is to be relied upon by the GTCMHIC in awarding the proposed Agreement, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal, relating to the qualifications of the proposer, as may be required by the GTCMHIC.

**PROPOSER PLEASE INSURE THAT YOU HAVE SIGNED THE SIGNATURE PAGE OF THESE PROPOSAL PAGES. OMISSION OF A SIGNATURE ON THAT PAGE MAY RESULT IN REJECTION OF YOUR PROPOSAL**

**COMPLETE AND RETURN THE REQUIRED NUMBER OF PROPOSAL PAGES & ATTACHMENTS.**

# EXHIBIT 1

## MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN — NEW YORK DATA REQUIREMENTS — ANNUAL

### GENERAL INFORMATION AND INSTRUCTIONS

#### For Filing The New York Data Requirements For MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN:

#### GENERAL

1. Date of Filing: The supplemental report is required to be filed in duplicate with the Department of Insurance — Statistical Unit no later than 120 days after fiscal year end.
2. Unanswered questions and blank lines or schedules will not be accepted as meaning anything. If no answers or entries are to be made, write "None", "Not Applicable (N/A)", or "-0-" in the space provided.
3. Any item which cannot be readily classified under one of the printed items should be entered as a special item and adequately described.
4. If additional supporting statements or schedules are added in connection with answering interrogatories or providing information on the financial statement, the additions should be properly keyed to the item being answered (Example — "Interrogatories, 24") and indicate the reporting date and the name of the MCHBP.
5. The jurist (Page 1) of all filed statements, including reproduced copies, must be manually signed by the appropriate corporate officers, have the corporate seal affixed thereon where appropriate and be properly notarized.
6. If this report does not contain the information asked for in the blanks or is not prepared in accordance with these instructions, it will not be accepted.
7. **Actuary Statement.**
  - (1) There is to be included on or attached to Page 1 of the annual statement, the statement of a qualified actuary setting forth his or her opinion relating to loss reserves, provision for experience rating refunds, and any other actuarial items. "Qualified actuary," as used herein means a member in good standing of the American Academy of Actuaries, or a person recognized by the American Academy of Actuaries as qualified for such actuarial valuation, or a person who otherwise has demonstrated his competency in such actuarial evaluation to the satisfaction of the commissioner.
  - (2) Such a statement of opinion must consist of a paragraph identifying the actuary; a scope paragraph identifying the subjects on which an opinion is to be expressed and describing the scope of the actuary's work (see sections 5-7 below); and an opinion paragraph expressing his or her opinion with respect to such subjects (see sections 8-10 below). One or more additional paragraphs may be needed in individual cases if the actuary considers it necessary to state a qualification of his or her

opinion or to explain some aspect of the annual statement which is not already sufficiently explained in the annual statement.

- (3) The opening paragraph should generally indicate the actuary's relationship to the organization.

For an actuary who is an employee of the organization the opening paragraph of the opinion should contain a sentence such as:

"I, (name and title of actuary), am an officer (employee) of (named organization) and a member of the American Academy of Actuaries,"

For a consulting actuary, the opening paragraph of the opinion should contain a sentence such as:

"I, (name and title of consultant), am associated with the firm of (name of firm). I am a member of the American Academy of Actuaries and have been retained by the (name of organization) with regard to loss reserves, actuarial liabilities and related items."

For a person other than a member of the American Academy of Actuaries, the opening paragraph of the opinion should contain a sentence such as:

"I, (name and title), am an officer (employee) of (name of organization) and I [have competency in actuarial valuations for organizations of this kind] or: [am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind]

I, (name and title of consultant), am associated with the firm of (name of firm). I [have competency in actuarial valuations for organizations of this kind] or: [am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind] and have been retained by the (name of organization) with regard to such valuation."

- (4) The following are examples, for illustrative purposes, of language which in typical circumstances would be included in the remainder of the statement of opinion. The illustrative language should be modified as needed to meet the circumstances of a particular case, and the actuary should in any case, use language which clearly expresses his or her professional judgment.

- (5) The scope paragraph should contain a sentence such as the following:

"I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31 20\_\_.

The paragraph should list those items and amounts with respect to which the actuary is expressing an opinion. The list should include but not necessarily be limited to:

- (i) Claims Unpaid (Reported and Unreported)

- (ii) Provision for deferred maternity benefits, if any
  - (iii) Other actuarial liabilities
  - (iv) Dues items, such as receivables, due and unpaid, unearned, and paid in advance as they may relate to actuarial items.
- (6) If the actuary has examined the underlying records and/or summaries, the scope paragraph should also include a sentence such as the following:
- "My examination included such review of the assumptions and methods used and of the underlying basic records and/or summaries and such tests and calculations as I considered necessary."
- (7) If the actuary has not examined the underlying records and/or summaries, but has relied upon those prepared by the organization, the scope paragraph should include a sentence such as one of the following:
- (i) "I relied upon underlying records and/or summaries prepared by the responsible officers or employees of the organization. In other respects, my examination included such review of the assumptions and methods used and such tests of the calculations as I considered necessary."
  - (ii) "I relied upon (name of firm) for the actuary of the underlying records and/or summaries. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary."
- (8) The opinion paragraph should include a sentence which covers at least the points listed in the following illustration:
- "In my opinion, the amounts carried in the balance sheet on account of the items identified above
- (i) are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
  - (ii) are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the Statement was prepared,
  - (iii) meet the requirements of the laws of (state of domicile),
  - (iv) make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
  - (v) are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,
  - (vi) include appropriate provision for all actuarial items which ought to be established."

(9) If there has been any material change in the assumptions and/or methods from those previously employed, that change should be described in the statement of opinion by inserting a phrase such as:

"A material change in assumptions (and/or methods) was made during the past year but such change accords with accepted actuarial standards." A brief description of the change should follow.

The adoption of new coverages requiring underlying assumptions which differ from assumptions used for prior coverages is not a change in assumption within the meaning of this paragraph.

(10) If the actuary is unable to form an opinion, he or she should refuse to issue a statement of opinion. If the opinion is adverse or qualified, the actuary should issue an adverse or qualified opinion explicitly stating the reason(s) for such opinion.

(11) If the actuary does not express an opinion as to the accuracy and completeness of underlying listings or summaries used in his evaluation, there should be included on or attached to Page 1 of the statement blank the statement of an organization officer or accounting firm who prepared such underlying data similar to the following:

"I (name of officer of organization), (title of officer), of (name of organization and address of organization), (or accounting firm), hereby affirm that the listings and summaries of data prepared for and submitted to (name of actuary) were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete

# EXHIBIT 2

## ANTI-DISCRIMINATION CLAUSE

During the performance of this contract, (the contractor) hereby agrees as follows:

- (a) The contractor will not discriminate against any employee or applicant for employment because of race, creed, color or national origin, and will take affirmative action to insure that they are afforded equal employment opportunities without discrimination because of race, color, creed, ethnicity, Vietnam-era veteran status, disabled veteran, marital status, disability, national origin, or status as an ex-offender. Such action shall be taken with reference, but not be limited, to: recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.
- (b) The contractor will send to each labor union or representative of workers with which he has or is bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commissioner for Human Rights, advising such labor union or representative of the contractor's agreement under clauses (a) through (f) hereinafter called "non-discrimination clauses". If the contractor was directed to do so by the contracting agency as part of the bid or negotiation of this contract, the contractor shall request such labor union or representative to furnish him with as written statement that such labor union or representative either will affirmatively cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses or that it consents and agrees that recruitment, employment and the terms and conditions of employment under this contract shall be in accordance with the purposes and provisions of these non-discrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnish such a statement, the contractor shall promptly notify the State Commission for Human Rights of such failure or refusal.
- (c) The contractor will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commission for Human Rights setting forth the substance of the provisions of clauses (a) and (b) and such provisions of the State's and local Tompkins County Laws against discrimination as the State Commission for Human Rights shall determine.
- (d) The contractor will state, in all solicitations or advertisements for employees placed by or on behalf of the contractor, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color or national origin.
- (e) The contractor will comply with the provisions of Sections 291-299 of the Executive Law and the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commission for Human Rights under these non-discrimination clauses and such sections of the Executive Law, and will permit access to his books, records and accounts by the State Commission for Human Rights, the Attorney General and the Industrial Commissioner for purposes of investigation to ascertain compliance with these non-discrimination clauses and such sections of the Executive Law and Civil Rights Law.
- (f) This contract may be forthwith cancelled, terminated or suspended, in whole or in part, by the contracting agency upon the basis of a finding made by the State Commission for Human Rights that the Contractor may be declared ineligible for future contracts made by or on behalf of the State or a public authority or agency of the State, until he satisfies the State Commission for Human Rights that he has established and is carrying out a

program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commission for Human Rights after conciliation efforts by the Commission have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commission, notice thereof has been given to the Contractor and opportunity has been afforded him to be heard publicly before three members of the Commission. Such sanctions may be imposed and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law. The Contractor will include the provisions of clauses (a) through (f) in every subcontract or purchase order in such a manner that such provisions be performed within the State of New York. The Contractor will take such action in enforcing such provisions of such subcontract or purchase order as the contracting agency may direct, including sanctions or remedies for non-compliance. If the Contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Contractor shall promptly so notify the Attorney General, requesting him to intervene and protect the interests of the State of New York.

GENERAL CONDITIONS ACCEPTED BY:

Firm: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

# EXHIBIT 2

## GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

### GENERAL CONDITIONS

#### NON-COLLUSION CERTIFICATE

##### NON-COLLUSIVE CERTIFICATION:

- (a) By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid/proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his/her/their knowledge and belief:
1. The prices in this bid/proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/proposer or with any competitor;
  2. Unless otherwise required by law, the prices that have been quoted in this package have not been knowingly disclosed by the bidder/proposer prior to opening, directly or indirectly, to any other bidder/proposer or to any competitor; and
  3. No attempt has been made or will be made by the bidder/proposer to induce any other person, partnership, or corporation to submit or not to submit a bid/proposal for the purpose of restricting competition.

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Name of Bidder/Proposer

---

Signature and Title of Signer

---

Date

##### NOTE:

A bid/proposal shall not be considered for award nor shall any award be made where (a) 1, 2 and 3 above have not been complied with; provided, however, that if in any case the bidder/proposer cannot make the foregoing certification, the bidder/proposer shall so state and shall furnish with the bid/proposal a signed statement that sets forth in detail the

reason(s) therefore. Where (a) 1, 2, and 3 above have not been complied with, the bid/proposal shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder/proposer (a) has published price lists, rates or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid/proposed, does not constitute, without more, a disclosure within the meaning of subparagraph (a) 1.

## EXHIBIT 3

### GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM INSURANCE AND INDEMNIFICATION

The Successful Responder Shall Maintain and Agree to the Following:

Responder shall indemnify, hold harmless and defend the Consortium its officers, employees, agents and elected officials from and against any and all claims and actions brought against the Consortium and its officers, employees, agents and elected officials for injury or death to any person or persons or damage to property arising out of the performance of this contract by the Consortium, its employees, subcontractors or agents except all actions and claims arising out of the negligence of Consortium. The Responder shall maintain the following minimum limits of insurance or as required by law, whichever is greater.

#### **A.) Workers' Compensation and New York Disability**

##### **Workers' Compensation**

Statutory coverage complying with NYS Workers' Compensation Law Section 57 General Municipal Law Section 125, Contractor must submit one of the following:

CE-200 - Certification of Attestation of Exemption form NYS Workers' Compensation and/or Disability Benefits Coverage available at <http://www.wcb.ny.gov/content/main/forms/AllForms.jsp>, **OR**

CE-105.2 - Certification of NYS Workers' Compensation Insurance (U-26.3 f or State Insurance Fund version), **OR**

SI-12 - Certificate of NYS Workers' Compensation Self Insurance, **OR**

GSI-105.2 - Certificate of NYS Workers' Compensation Group Self-Insurance Employers' Liability \$1,000,000

### **Disability Benefits Requirements**

Statutory coverage complying with NYS Workers' Compensation Law Section 220 (8) under General Municipal Law Section 125, Contractor must submit one of the following:

CE-200 - Certification of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage,  
**OR**

DB120.1 - Certificate of Disability Benefits Insurance, **OR** DB155 - Certificate of Disability Self-Insurance

NOTE: Proof of NYS Workers' Compensation and NYS Disability Benefits must be provided on NYS forms as listed above (complete information available at <http://www.wcb.ny.gov/content/main/forms/AllForms.jsp> or Bureau of Compliance at (866) 546-9322).

All insurance shall be written with insurance carriers licensed by the New York State Office of Financial Services and have a Best's rating of A XI or better. Proof of insurance shall be provided on the Accord Certificate of Insurance, Accord 25 (05/2010), or insurance company certificate. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the RFP response.

All insurance shall be written with insurance carriers licensed by the State of New York Insurance Department and have a Best's rating of A XI or better. The accord Certificate of Insurance or insurance company certificate may be used for proof of Workers' Compensation and Disability. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the RFP response.

## EXHIBIT 4 - SERVICES OFFERED

The services to be provided include a complete **OPEB Liability Study** compliant with Statement No. 45 of the Governmental Accounting Standards Board (GASB) for each municipal participant of the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) requesting this service and required to file this report, each municipality hereinafter referred to as “Client”.

The services include:

1. A complete demographic analysis of the Client’s current covered employees, retirees, and their dependents.

2. The calculation of the Actuarial Accrued Liability, separately identifying the amounts for Actives and Retirees.

3. GASB Statement No. 45 accounting information separated by the Client’s recognized bargaining units and the Client’s unrepresented employees (as needed), which includes the following:

a. The Annual Required Contribution (ARC), identifying:

i. The Normal Cost; and

ii. The outstanding balance and amortization of the Unfunded Actuarial Accrued Liability (UAAL).

b. The annual OPEB cost.

c. The UAAL as a dollar amount and a percentage of covered payroll.

d. The reconciliation of the Net OPEB Obligation (NOO) during the current year, and projected NOO at end of year.

4. Information to assist the Client in future budgeting, including:

a. The ten-year “pay-as-you-go” cost projections.

b. Annual Required Contribution (ARC) to fund retiree benefits over the working lifetime of eligible employees.

c. Recommendations on managing the liability.

5. A compilation of a comprehensive report including the following:

a. Results of the Actuarial Study.

b. A description of the plan provisions, including groups covered and benefits valued.

c. A description of the Actuarial methods, including the actuarial funding method.

d. A description of the Actuarial Assumptions.

e. A description of the data used in the valuation, including age/service distribution table(s).

f. Sensitivity analysis on the impact of health insurance trend assumptions and interest rate assumptions on the OPEB liability.

6. Actuarial Certification, including indication of membership to the Society of Actuaries, and meeting the American Academy of Actuaries “General Qualification Standard for Prescribed Statements of Actuarial Opinion” relating to postretirement health care plans.

The information to be reviewed in this Analysis is as follows:

1. Demographic Detail of the Current Staff

This information should include the following for each employee:

- a. Age (date of birth of employee)
- b. Number of covered spouses and/or dependents (incl. their ages)
- c. Department or unit where they work (collective bargaining unit)
- d. Years of service
- e. Health insurance plan

## 2. Demographic Detail of the Current Retiree Population

This information should include the following for each retiree:

- a. Age (date of birth of retiree)
- b. Number of covered spouses and/or dependents (incl. their ages)
- c. Department or unit from which they retired (collective bargaining unit)
- d. Years of service before retirement
- e. Health Insurance Plan

## 3. Complete List of Health Insurance Offerings

This information should include the following for each plan:

- a. Current plan document or insurance contract(s)
- b. Current premium levels

## 4. Retirement Policy for each unit of staff

This information should include the current number of years of service employees need to qualify for retirement benefits. It should also include a breakdown of the contribution amounts retirees have to pay. Please be sure to include each level of contribution noting any differences based on years of service (i.e., at 10 years retirees pay 50%, at 20 years retirees pay 10%, etc.). Also, we need detail regarding surviving spouse eligibility above and beyond that which is available through COBRA.

## 5. A Description of “Other” Retirement Benefits Offered

This information should include any other benefits, which an employee might receive upon retirement (e.g., accrued sick days, accrued vacation days, etc.)

The services to be provided include the development of statistical models necessary for the calculation of the estimated liability, including related assumptions. In addition, a professional summary report will be delivered to the Client upon the completion of this project. The services also include meetings and presentations as deemed necessary by the Client for the distribution and understanding of the Analysis by those parties who require said interaction.

A formal Actuarial Attestation Statement will be provided by the actuary.